

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation American Action Network			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1747 Pennsylvania Avenue, NW 5th Floor			
(c) City, State and ZIP Code <div style="display: flex; justify-content: space-between;"> Washington DC 20006 </div>			3. FEC Identification Number <div style="border: 2px solid orange; padding: 5px; display: inline-block;"> C C90011230 </div>
2. Occupation and Name of Employer (for Individual Filers Only)			

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES	3600.00
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02/28/2014

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Action Network

Full Name (Last, First, Middle Initial) of Payee

The Kozlow Group

Date of Public Distribution/Dissemination

MM / DD / YYYY
02 / 27 / 2014

Mailing Address 41284 Guinness Way

Amount

City State Zip Code
Leesburg VA 20175

3600.00

Transaction ID : 1

Purpose of Expenditure
Town Hall TeleconferenceCategory/
Type 004Office Sought: ☒ House State: FL
☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
David JollyCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 472617.84Disbursement For: ☐ Primary ☐ General
2014 ☒ Other (specify) Special

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

MM / DD / YYYY

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

MM / DD / YYYY

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 3600.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures..... 3600.00
(carry total from last page forward to Line 7)